

Registration / Waiver Of Claim

Activity: Summer Employment Workshops	Site\Location:		
Participant's Name:			
Age:	Date of Birth:		
Participant's School:	Parent/Guardian:		
Home Phone: ()	Work Phone: ()	
Address:	City:_		Zip:
Emergency Contact:		Phone: ()
Emergency Contact:		Phone: ()
Special Needs:			
For ourselves, and on behalf of our child names below forever waive and release Nevada Partners, the Clark respective officers, employees, agents and representati sustained, incurred, arising from, or connected with to said activity by the child named below.	County School District, the ives from any and all liability	city of Las Vega y for personal in	s and all their juries or damages,
Child's Name:			
Parent/Guardian Signature:		Date	_//

Completed registration forms can be turned in at the following city of Las Vegas community centers:

Brinley Community School 6150 Smoke Ranch Road Las Vegas, NV 89108 **Doolittle Community Center** 1950 North "J" Street Las Vegas, NV 89106 Mirabelli Community Center 6200 Hargrove Avenue Las Vegas, NV 89107

Rafael Rivera Community Center 2900 Stewart Avenue Las Vegas, NV 89101 Stupak Community Center 300 W. Boston Avenue Las Vegas, NV 89102